

## WORKING DRAFT – ADAPTED FOR THE RPE PROGRAM FROM THE GTO IPV/SV GUIDE

### Strategy Compatibility and Evidence Assessment Worksheet

The worksheet walks the SVPP committees through the GTO IPV/SV Step 3-5 process and it consists of 5 assessment areas:

- I. Strategy Compatibility to the Needs/Characteristics of Your Universal or Selected Populations
- II. Evidence Supporting the Use of a Particular Strategy
- III. Documenting core components of the Strategy
- IV. Assessing Compatibility and Capacity Issues
- V. Strengthening the Prevention System Capacity to Support the Strategy (optional)

#### The process to choose a prevention strategy:

1. Assess the evidence associated with the strategy that indicates its *proven, demonstrated, or potential* ability to prevent sexual violence or reduce risk factors/increase protective factors associated with sexual violence (GTO IPV/SV Step 3).
2. Assess how well a potential strategy will address the risk and protective factors for the universal and selected Populations (GTO IPV/SV Step 1) and meet the goals and outcomes statements for these populations (GTO IPV/SV Step 2).
3. Document the core components of a strategy (GTO IPV/SV Step 3).
4. Assess how compatible the core components of a potential strategy will be to the state or community context (GTO IPV/SV Step 4).
5. Assess if the state or community has the current or prospective capacity to implement the potential strategy (GTO IPV/SV Step 5).

#### Key points:

1. States and communities should review more than strategy when determining which strategy will meet the goals and outcomes for their universal and selected populations.
2. States and communities should include strategies they are **currently** implementing in the strategy assessment process as this process may reveal that currently implemented strategies are the best choice for addressing the goals and outcomes developed in GTO IPV/SV Step 2.

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3. No strategy should be assumed to address the particular risk and protective factors of the state's or communities' universal and selected populations (GTO IPV/SV Step 1). Careful assessment of the strategy is needed.
4. No strategy should be assumed to be contextually transferable. Strategies may need to be adapted based on the context in which it is to be implemented. GTO IPV/SV Step 4 addresses contextual adaptation issues.
5. States and communities should not be assumed to have the capacity to implement a chosen strategy. GTO IPV/SV Step 5 addresses capacity issues.
6. When choosing between two evidence-based and/or evidence- informed strategies, choose the strategy for which there is stronger evidence of the ability to prevent sexual violence or reduce risk factors/increase protective factors as long as the strategy with the stronger evidence is similar, equivalent, and equally matched to address the risk and protective factors and goals associated with your universal and selected populations.
7. When the available evidence-based or evidence- informed strategies do not adequately address the risk and protective factors and goals associated with the universal and selected populations, choose an unproven strategy and work toward strengthening the evidence supporting the use of that strategy by integrating the types of evidence described in the section "Evidence Supporting the Use of Unproven Strategies".

When choosing a prevention strategies or a mix of prevention strategies for a comprehensive prevention program, states and communities will need to utilize professional judgment and critical thinking skills to determine the best strategy or mix of strategies for their state or community.

Completing the following assessment tasks will assist the state or community in identifying strategies with the strongest evidence that they will meet the goals and outcomes developed for the universal and selected populations in GTO IPV/SV Step 2.

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### Strategy Compatibility and Evidence Assessment Worksheet<sup>1</sup>

To be completed over the course of GTO IPV/SV Steps 3-5. This Worksheet focuses on a single strategy, but SVPP committees are encouraged to keep in mind comprehensive prevention programs.

This worksheet will assist the SVPP committees in assessing a potential strategy in four important areas:

1. Strategy Compatibility to the Needs/Characteristics of Your Universal or Selected Populations (GTO IPV/SV Step 3)
2. Evidence Supporting the Use of a Particular Strategy (GTO IPV/SV Step 3)
3. Documenting the Core Components of the Strategy (GTO IPV/SV Step 3)
4. Assessing Compatibility and Capacity Issues (GTO IPV/SV Steps 4-5)
5. Strengthening the Prevention System Capacity to Support this Strategy - optional (GTO IPV/SV Step 5)

This worksheet focuses on identifying **what, if any**, aspects of a strategy might need to be changed to increase the evidence supporting its use or to increase its compatibility with the state or community context and on identifying **what** individual, organizational, or prevention system capacity (optional) areas need to be increased in order to adequately implement a strategy. In addition, **how** to increase the evidence (GTO IPV/SV Step 3), to increase compatibility (GTO Step IPV/SV 4), and increase capacity (GTO IPV/SV Step 5) of the strategy.

The information needed to complete this worksheet can be obtained through a strategy material review, an interview with the developer(s) of the strategy, or interviews with others who have implemented the strategy as well as lessons learned from implementing this strategy in the state or community if the strategy is currently or has recently been implemented within the state or community.

This worksheet is important to state-level SVPP committee for two reasons:

1. Pilot testing – Some state-level SVPP committees may pilot test a strategy prior to state-wide implementation. In these cases, the strategies to be piloted should be assessed for compatibility to the local contexts in which they will be piloted AND for the evidence that support their use.
2. Building capacity throughout the state, state-level SVPP committees need to understand the content and application of this worksheet in order to develop policies, funding mechanisms, trainings, technical assistance/coaching, and monitoring activities that build the capacity of the state-level prevention system and organizations and individuals throughout their state.

One Assessment Worksheet should be completed for each potential strategy considered.

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<sup>1</sup> Adapted from the National Registry of Evidence-based Programs and Practices Questions document: *Questions You Might Want to Ask a Developer As Your Explore the Possible Use of an Intervention*.

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### Process:

1. **Assessment Area I: Strategy Compatibility to the Needs/Characteristics of the Universal or Selected Population** - When working through GTO IPV/SV Step 3, SVPP committees assess if a potential strategy is compatible with the needs/characteristics of the universal or selected population in the following areas: goals, outcomes, level of social ecology addressed, risk factors, protective factors, implementing organization, and population demographics.

Assessing compatibility is a difficult task that requires critical thinking. Sometimes the assessment will lead to an obvious conclusion (i.e., a potential strategy has the goal of reducing male norms supportive of intimate partner violence and your stated goal is to reduce male norms supportive of intimate partner violence). Other times the conclusion will not be as obvious (i.e., the age group served by a potential strategy was 17-22 year olds and your population is aged 14-18). SVPP committees will have to discuss the implications of the less obvious areas of compatibility to assess if adaptations or capacity building activities might increase the compatibility of the strategy.

- a. If a strategy is assessed to be compatible in most of these areas or could be made compatible through adaptations or capacity building, the SVPP committee then **moves onto** the Assessment Area II: Evidence Supporting<sup>2</sup> the Use of a Particular Strategy.
  - b. If a strategy is assessed to not be compatible in most of these areas and could not be made compatible through adaptations or capacity building, the SVPP committee **stops** this potential strategy's assessment at this level.
2. **Assessment Area II: Evidence Supporting the Use of a Particular Strategy** - When working through GTO IPV/SV Step 3, SVPP committees need to determine what type of strategy, in terms of its supporting evidence, is being assessed: evidence-based, evidence-informed or an unproven strategy. If the strategy is an unproven strategy, then SVPP committees work through assessing the evidence that supports the use of the strategy and how the evidence supporting the use of the strategy can be strengthened so that the strategy is more likely to achieve the goals and outcomes developed in GTO IPV/SV Step 2.
  3. **Assessment Area III: Documenting the Core Components of the Strategy** – When working through GTO IPV/SV Step 3, SVPP committees need to determine what the core components of the strategy are so that in GTO IPV/SV Steps 4 and 5 these core components can be assessed against the state and community context and the current capacities of the prevention system, organization, or individual staff members.
  4. **Assessment Area IV: Assessing Compatibility and Capacity Issues** – When working through GTO IPV/SV Step 4, SVPP committees take the core components of the strategy to assess how compatible these core components to six specific areas within the state and community contexts. If the core components need to be adapted, SVPP committees assess what is gained by such adaptations

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<sup>2</sup> In the case of assessing evidence-based or evidence-informed strategies from other fields, general comparisons regarding compatibility are warranted in Assessment Area I. For instance, if an evidence-based strategy from HIV changed social norms supportive of unsafe sex practices and a risk factor to be addressed for the universal or selected population is social norms supportive of sexual violence, then the compatibility assessment focuses on the general risk factor being address (i.e., social norms) and not the risk factor specific to the particular health issue (i.e., social norms supportive of unsafe sex practices vs. social norms supportive of sexual violence).

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and what is lost by such adaptations. When working through GTO IPV/SV Step 5, SVPP committees assess whether the capacities of the prevention system (optional), organization, or individual staff members are sufficient to implement the strategy. If these capacities are not sufficient, the SVPP committee considers what capacities need to be developed and the affect developing these capacities will have on strategy implementation.

5. **Strengthening the Prevention System Capacity to Support this Strategy (optional)** – When working through GTO IPV/SV Step 5, SVPP committees consider what areas of the prevention system need to be strengthened to support the implementation and sustainability of the strategy.

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| <b>Assessment Area I: Strategy Compatibility to the Needs/Characteristics of Your Universal or Selected Population</b>  |  |   |   |  |
|---|--|---|---|--|
| <b>Universal or Selected Population:</b> _____  |  | <b>Potential Strategy:</b> _____  |   |  |
|   | <b>Needs/Characteristics of Your Population from GTO Steps 1 and 2</b>   | <b>Potential Strategy</b>   | <b>Contextually Compatible – Yes, No, Maybe w/ adaptations (Step 4)</b> | <b>Capacities Needed (Step 5) – Are these needed capacities – individual, organization or prevention system? How do any prevention system capacities needed compare to prevention system capacity goals developed in Step 2?</b> |
| Stated goal or outcomes desired   |  |   |   |  |
| Social Ecological Level Addressed   | By the goals and outcomes listed above:  | By this strategy:   |   |  |
| Risk Factors:   | To be addressed:   | Addressed by this strategy:   |   |  |
| Protective Factors:   | To be addressed:   | Addressed by this strategy:   |   |  |
| <b>Implementation Institutions/ Organizations:</b><br>The organizational setting for implementation may be different than the organization implementing the strategy. For instance, a rape crisis center may implement a strategy in a school setting. Both the rape crisis center's and the school's organizational context needs to be considered.  | Possible organizational setting for strategy implementation:<br><br>Possible organization that would implement the strategy, if different from possible setting for strategy implementation: | Organizations where strategy has been implemented:<br><br>Organizations that have implemented this strategy that were different from the organizational setting where the strategy was implemented: |   |  |
| <b>Populations demographics:</b>  | <b>Of Universal or Selected Population</b>   | <b>Populations served by this strategy</b>  |   |  |
| Age(s)  |  |   |   |  |
| Gender(s)   |  |   |   |  |
| Ethnicity(ies)  |  |   |   |  |
| Language(s)   |  |   |   |  |
| Culture(s)  |  |   |   |  |
| Religious Identity  |  |   |   |  |
| Other:  |  |   |   |  |
| The contextual compatibility and capacity assessments are only guesses that will be better informed by reading Steps 4 and 5 and completing this worksheet. <b>Compatible Ratings:</b> Yes – indicates there is enough compatibility; No – indicates there is not enough compatibility; Maybe with adaptations – indicates a guess as to whether or not adaptations will increase the strategy's compatibility. <b>Capacities needed:</b> list what individual, organizational or prevention system capacities would be needed to implement the potential strategy. |  |   |   |  |

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**Assessment Area II: Evidence Supporting the Use of a Particular Strategy**

**Universal or Selected Population:** \_\_\_\_\_ **Potential Strategy:** \_\_\_\_\_

Complete with GTO Step 3  
 Process:  
 1. Obtain any available copies of evaluation reports or peer-reviewed journal articles addressing the evaluation of the strategy.  
 2. Use the information from evaluation reports and articles to assess the type of strategy the potential strategy is based on the evidence that supports the use of the strategy.

**Developmental History of the Strategy**

|  |   |  |  |
|--|---|--|--|
| <b>1. What is the developmental history of this strategy? Who developed, when and how?</b> | Describe developmental history:<br><br>What does this history tell you about the appropriateness of this strategy for your universal or selected populations? |  |  |
|--|---|--|--|

**Is it an Evidence-based, Evidence-informed, or Unproven Strategy?**

| <b>Is this an SV specific-prevention strategy?</b>   | If yes, complete questions 1-3.  | Outcomes Developed for universal or selected populations in Step 2. | Comparison: Outcomes for universal or selected populations with strategy outcome findings from research or program evaluation. |
|--|--|---|--|
| 1. Has this strategy been subjected to a research evaluation (i.e., experimental design that utilized a control group) that <i>proves</i> its ability to prevent SV?                                     | If yes, this is an <b>evidence-based strategy</b> - what were the specific outcome findings of this research evaluation?<br><br>If yes, no need to answer questions 2 and 3.<br>If no, this strategy might be an evidence-informed or unproven strategy. Go to question 2. |   |  |
| 2. Has this strategy been subjected to a research evaluation (i.e., experimental design that utilized a control group) that demonstrates its ability to reduce risk factors/increase protective factors? | If yes, this is an <b>evidence-informed strategy</b> - what were the specific outcome findings of this research evaluation?<br><br>If yes, no need to answer question 3.<br>If no, this strategy is probably an unproven strategy. Go to question 3.                       |   |  |
| 3. Has this strategy been subjected to a program evaluation?   | If yes and no research evaluation has been conducted, this strategy is an <b>unproven strategy</b> .<br><br>If yes, what was the design of this evaluation?  |   |  |

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|  | <p>If yes, what were the specific outcome findings?</p> <p>If no and no research evaluation has been conducted, this strategy is an <b>unproven strategy</b>.</p>   |   |  |
| 4. Is this an evidence-based or evidence-informed strategy that was developed to prevent a health issue other than SV?   | <p>If yes, how effective, based on research evaluation findings was this strategy in preventing the other health issue or reducing risk factors/increasing protective factors shared with or SV?</p> <p>If yes, this is an <b>unproven strategy</b> for SV.</p> |   |  |
|  |   |   |  |
| <b>Assessing the Evidence Supporting the Use of Unproven Strategies:</b>   |   |   |  |
| 1. Is this strategy based on a behavioral or social change theory?   | If yes, which one:  | If no, documenting how the strategy is based on a behavioral or social change theory will be one of the best ways to increase the evidence supporting the use of this theory.   |  |
| 2. Is this strategy similar in Theory, Content and Structure to Evidence-based or Evidence-informed Strategies that do not specifically address SV?  | If yes, describe similarities:  | If no, documenting how the strategy is based on a behavioral or social change theory will be one of the best ways to increase the evidence supporting the use of this strategy. |  |
| <p>3. How does this strategy reflect the prevention principle of sufficient dosage/exposure?</p> <p>What evidence indicates that this dosage or exposure is sufficient enough to achieve the desired goals and outcomes?</p> | <p>Describe dosage/exposure:</p> <p>Describe evidence that indicates this dosage/exposure is sufficient:</p>  | If this strategy does not reflect the sufficient dosage, then modifying the dosage may be one way to increase the evidence supporting the use of this strategy.                 |  |
| <p>4. How does this strategy reflect the prevention principle of appropriately timed?</p> <p>What evidence indicates that the</p>  | Describe how this strategy reflected the prevention principle of appropriate timed for other populations served by this strategy:   | If this strategy does not seem appropriately timed for the universal or selected population, then modifying this strategy to reflect more of this principle may be one way to   |  |



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|---|---|--|--|
| <p>timing of the implementation of this strategy is appropriate to the needs of the universal or selected population?</p>   | <p>Describe the evidence that indicates the timing of the implementation of this strategy is appropriate for the universal or selected population:</p>  | <p>increase the evidence supporting the use of this strategy with the universal or selected population.</p>  |  |
| <p>5. How does this strategy reflect the prevention principle of active, skill-based teaching activities (appropriate for individual and relationship level strategies)?</p> <p>What evidence indicates that the strategy includes active, skill-based teaching activities that are appropriately matched to the developmental level of the universal or selected population?</p> | <p>Describe how this strategy includes enough active, skill-based teaching activities:</p> <p>Describe the evidence that indicates that the strategy includes enough active, skill-based teaching activities that are appropriately matched to the developmental level of the universal or selected population:</p> | <p>If this strategy does not include sufficient active, skill-based teaching activities, then including more active, skill-based teaching methods may be one way to increase the evidence supporting the use of this strategy.</p> |  |
| <p>6. If this strategy was developed to address a health issue other than SV, in what areas will the strategy need to be modified to include SV specific content or address specific SV risk factors and protective factors?</p>  | <p>Describe in what areas the strategy will need to be modified to include SV specific content or address specific SV risk factors and protective factors:</p> <p>Theory:<br/>Activities:<br/>Structure:<br/>Content:</p>   |  |  |

### Assessment Area III: Documenting the Core Components of the Strategy

**Universal or Selected Population:** \_\_\_\_\_

**Potential Strategy:** \_\_\_\_\_

Complete with GTO Step 3: In this assessment area, the SVPP committee documents the core components of a strategy to determine if there is sufficient documentation of the original strategy that the SVPP committee could replicate the strategy or develop a similar strategy. In order to implement an evidence-based or evidence-informed strategy with fidelity, the SVPP committee needs to document its core components. In order to determine how to strengthen the evidence supporting the use of an unproven strategy, the SVPP committee needs to document its core components.

| Questions   | Answer |
|---|--------|
| 1. What theory is this strategy based on?   |        |
| 2. What activities are included in this strategy? Pre-implementation activities, such as trainings, as well as actual implementation activities, such as running PSAs on the radio, should be listed. |        |
| 3. What content (topics) is included in this strategy?  |        |
| 4. What is the structure of this strategy (i.e., is there a certain order in which the activities need to be implemented, what is the dosage)?  |        |
| 5. What have been some of the particular challenges to implementing this strategy? Which core components were the most challenging? How might be challenges be addressed?                             |        |
| 6. What are some common mistakes made when implementing this strategy? Which core components are most affected by these common mistakes? How can these mistakes be avoided?                           |        |
| 7. What are core components of this strategy that should not be adapted?  |        |
|   |        |

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|   |  |
|---|--|
| <p>8. Staffing Issues:</p> <ul style="list-style-type: none"> <li>• What are the staffing requirements (number and type of positions) to implement this strategy?</li> <li>• What are the minimum staff qualifications for these positions?</li> <li>• What methods are used to choose the best candidates for these positions (philosophy, skills, etc.)?</li> <li>• Are there recommended ratios such as supervisor to staff, facilitator/practitioner to number in group, coordinator to size of community in community mobilization strategies?</li> </ul>  |  |
| <p>9. Training and Technical Assistance Issues:</p> <ul style="list-style-type: none"> <li>• Is training required before a site can implement this strategy?</li> <li>• Who conducts the training and where is it conducted?</li> <li>• Can staff at the implementation sites be certified to conduct the training?</li> <li>• Who is typically trained (facilitators/practitioners, staff trainers, staff supervisors, agency administrators, community coalition members)?</li> <li>• What is the duration of the training (hours, days)?</li> <li>• Is retraining required/available?</li> <li>• What on-site assistance is provided by the developer, if any?</li> <li>• How long does it usually take for a new implementation site to become a high-fidelity user of the strategy?</li> <li>• How are supervisors prepared to provide effective support for staff implementing the strategy?</li> <li>• What is the supervision protocol for providing effective support for staff implementing this strategy?</li> </ul> |  |
| <p>10. Cost Issues</p> <ul style="list-style-type: none"> <li>• What are the costs (materials, staffing, travel, meeting space, printing, etc.) associated with implementing this strategy?</li> <li>• How much does it cost to secure the services of the developer as a consultant? What is included in that cost?</li> <li>• If the strategy costs more than our budget, is there a way to implement only part of the strategy?</li> </ul>   |  |

### **Assessment Area IV: Assessing Compatibility and Capacity Issues**

**Universal or Selected Population:** \_\_\_\_\_ **Potential Strategy:** \_\_\_\_\_

**Complete with GTO Steps 4 and 5**

| <b>Contextual Area</b>                       | <b>Contextual Assessment</b>   |  | <b>Capacity Assessment</b>  |          |   |
|--|--|--|---|----------|---|
| 1. Organization where it will be implemented | <p>Is this strategy compatible with the context of the institution/organization where it will be implemented?<br/>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> |  | <p>Do the capacities of the prevention system (optional), organization, or its staff members need to be increased prior to implementing this strategy to make the organization's context more compatible with the context needed to support the strategy?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization or its staff members that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> |          |   |
|  | Adaptation   | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?  | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? |
|  |  |  |   |          | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?   |
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| Contextual Area   | Contextual Assessment   | Capacity Assessment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|----------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 2. Organization that will implement it, if different from organization where the strategy will be implemented | <p>Is this strategy compatible with the context of the organization that will implement the strategy?</p> <p>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> <table border="1"> <thead> <tr> <th>Adaptation</th><th>What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation?</th><th>What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Adaptation  | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation? |  |  |  |  |  |  |  |  |  |  |  |  | <p>Do the capacities of the prevention system (optional), organization or its staff members need to be increased prior to implementing this strategy to make the organization's context more compatible with the context needed to support the strategy?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization, or its staff that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> <table border="1"> <thead> <tr> <th>Capacity</th><th>How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?</th><th>How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |
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| Capacity  | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?   | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
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| Contextual Area | Contextual Assessment  | Capacity Assessment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. Location     | <p>Is this strategy compatible with the context of the geographical location where it will be implemented?</p> <p>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> <table border="1"> <thead> <tr> <th>Adaptation</th><th>What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation?</th><th>What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Adaptation  | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation? |  |  |  |  |  |  |  |  |  |  |  |  | <p>Do the capacities of the prevention system (optional), organization or its staff members need to be increased prior to implementing this strategy to make the location's context more compatible with the context needed to support the strategy?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization, or its staff that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> <table border="1"> <thead> <tr> <th>Capacity</th><th>How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?</th><th>How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |
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**WORKING DRAFT – ADAPTED FOR THE RPE PROGRAM FROM THE GTO IPV/SV GUIDE**

| Contextual Area  | Contextual Assessment   | Capacity Assessment   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4. Ethnic/racial identity of universal or selected populations | <p>Is this strategy compatible with the ethnic/racial identity of the universal or selected populations that will be served by this strategy?</p> <p>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> <table border="1"> <thead> <tr> <th>Adaptation</th><th>What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation?</th><th>What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Adaptation  | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation? |  |  |  |  |  |  |  |  |  |  |  |  | <p>Do the capacities of the prevention system (optional), organization or its staff members need to be increased prior to implementing this strategy to make these capacities more compatible with how the strategy needs to be implemented to adequately support the needs of universal and selected populations?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization, or its staff that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> <table border="1"> <thead> <tr> <th>Capacity</th><th>How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?</th><th>How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4. Politics     | <p>Is this strategy compatible with the politics of the state or community in which the strategy will be implemented?</p> <p>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> <table border="1"> <thead> <tr> <th>Adaptation</th><th>What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation?</th><th>What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Adaptation  | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation? |  |  |  |  |  |  |  |  |  |  |  |  | <p>Do the capacities of the prevention system (optional), organization or its staff members need to be increased prior to implementing this strategy in ensure political support for implementation of this strategy and its long term sustainability?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization, or its staff that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> <table border="1"> <thead> <tr> <th>Capacity</th><th>How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?</th><th>How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5. Religious Identity | <p>Is this strategy compatible with the religious identity of the universal or selected population that will be served by this strategy?</p> <p>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> <table border="1"> <thead> <tr> <th>Adaptation</th><th>What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation?</th><th>What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Adaptation  | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation? |  |  |  |  |  |  |  |  |  |  |  |  | <p>Do the capacities of the prevention system (optional), organization or its staff members need to be increased prior to implementing this strategy to make these capacities more compatible with how the strategy needs to be implemented to adequately support the needs of universal and selected populations?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization, or its staff that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> <table border="1"> <thead> <tr> <th>Capacity</th><th>How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?</th><th>How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6. Social Context | <p>Is this strategy compatible with the popular culture of the universal or selected population that will be served by this strategy?</p> <p>If yes, describe main areas of compatibility:</p> <p>If no, what adaptations will be needed to make the strategy compatible?</p> <table border="1"> <thead> <tr> <th>Adaptation</th><th>What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation?</th><th>What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Adaptation  | What will the SVPP committee gain (e.g., access to implementation site, increase in recruitment, culturally relevant strategy) by this adaptation? | What will the SVPP committee lose (e.g. evidence supporting the use of the strategy is weakened) by this adaptation? |  |  |  |  |  |  |  |  |  |  |  |  | <p>Do the capacities of the prevention system (optional), organization or its staff members need to be increased prior to implementing this strategy to make these capacities more compatible with how the strategy needs to be implemented to adequately support the needs of universal and selected populations?</p> <p>If no, describe the main current capacities of the prevention system (optional), organization, or its staff that will support the implementation of this strategy?</p> <p>If yes, what capacities need to be increased?</p> <table border="1"> <thead> <tr> <th>Capacity</th><th>How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?</th><th>How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy?</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Capacity | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy? | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |
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| Capacity          | How will increasing this capacity positively affect (e.g., well trained staff will increase the probability that the strategy will be implemented with fidelity) the implementation of this strategy?   | How will increasing this capacity negatively affect (e.g., delay in implementing due to training) implementation of the strategy? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
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**WORKING DRAFT – ADAPTED FOR THE RPE PROGRAM FROM THE GTO IPV/SV GUIDE**

| <b>Assessment Area V: Strengthening the State Prevention System Capacity to Support this Strategy (optional)</b><br><b>Universal or Selected Population:</b> _____ <b>Potential Strategy:</b> _____<br><b>Complete with GTO Step 5</b> |  |   |
|--|--|---|
| <b>Area</b>  | <b>How to Strengthen the Prevention System</b>   | <b>Specific Ideas and Pros/Cons of Each</b> |
| Leadership   | 1. Policies<br>2. Funding Mechanism Requirements<br>3. Training<br>4. Technical Assistance/Coaching<br>5. Monitoring<br>6. Other |   |
| Strategic Planning   | 1. Policies<br>2. Funding Mechanism Requirements<br>3. Training<br>4. Technical Assistance/Coaching<br>5. Monitoring<br>6. Other |   |
| Information  | 1. Policies<br>2. Funding Mechanism Requirements<br>3. Training<br>4. Technical Assistance/Coaching<br>5. Monitoring<br>6. Other |   |
| Community and Constituency Focus   | 1. Policies<br>2. Funding Mechanism Requirements<br>3. Training<br>4. Technical Assistance/Coaching<br>5. Monitoring<br>6. Other |   |
| Human Resources  | 1. Policies<br>2. Funding Mechanism Requirements<br>3. Training<br>4. Technical Assistance/Coaching<br>5. Monitoring<br>6. Other |   |
| System Operations  | 1. Policies<br>2. Funding Mechanism Requirements<br>3. Training<br>4. Technical Assistance/Coaching<br>5. Monitoring<br>6. Other |   |

**WORKING DRAFT – ADAPTED FOR THE RPE PROGRAM FROM THE GTO IPV/SV GUIDE**

|                  |   |  |
|------------------|---|--|
| Results/Outcomes | <ol style="list-style-type: none"><li>1. Policies</li><li>2. Funding Mechanism Requirements</li><li>3. Training</li><li>4. Technical Assistance/Coaching</li><li>5. Monitoring</li><li>6. Other</li></ol> |  |
|------------------|---|--|